

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

# **Services Information System**

## **(SIS)**

### **User's Manual**

PREPARED BY PERFORMANCE REPORTING AND AUTOMATION

## DATE \_\_\_\_\_

### B. Service Plan

### C. Notice of Action Taken

#### D. Purchase of Service

### E. Income Information

F.

COMMENTS:
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## H. Client Information

DSS5027 (Rev. 6/93)

## **INSTRUCTIONS FOR THE SIS CLIENT ENTRY FORM, DSS-5027**

### **I. PURPOSE OF THE FORM**

**The DSS-5027 is designed to be used to:**

- document the client's request/application for social services
- document the client's income eligibility for services
- provide notice to the client regarding the action taken on the request for services
- provide the client with information regarding rights and responsibilities and information on how to request and obtain a fair hearing
- transmit authorization to service providers to claim reimbursement for services provided
- open a service client information record in the Services Information System
- update service client information in the Services Information System

## **SECTION II DEFINITIONS OF TABLE VALUES FOR RESERVED FIELDS**

### **Table A: Home and Community Care Block Grant**

NOTE: Complete both fields 7 and 14 for HCCBG.

It is essential that the Home and Community Care Block Grant codes be keyed into the system by the 10th of each month or the last working day prior to the 10th when the 10th falls on a weekend or holiday. Payment may be denied by the Division of Aging if this deadline is not met.

### **FIELD 7: OTHER**

All five spaces must be completed or the client will not be registered and payment from the Division of Aging will not be made except as noted for the Fifth Space, which is required only for clients receiving Preparation and Delivery of Meals. The Division of Aging policy regarding the definitions and use of these codes is to be followed. This can be found in the Home and Community Care Block Grant Procedures Manual for Community Service Providers, Sections 3 and 4.

## **FIELD7: OTHER**

**First Space** - Enter **A** in the first space of the Other field to identify that the data to follow applies to the Home and Community Care Block Grant (HCCBG) administered by the Division of Aging.

### **Second Space - Is client oriented?**

- |   |     |   |
|---|-----|---|
| 1 | No  | Referral source or agency's professional assessment indicates client has a problem with or has suffered a significant decline in short term memory, thinking, or decision making. |
| 2 | Yes | Referral source or agency's professional assessment indicate no indication of a significant memory problem.   |

### **Third Space - Number of IADL impairments client experiences.**

- |   |                           |
|---|---------------------------|
| 0 | None                      |
| 1 | One impairment            |
| 2 | Two impairments           |
| 3 | Three or more impairments |

**FIELD7: OTHER**

**Fourth Space - Number of ADL impairments client experiences.**

- |   |                           |
|---|---------------------------|
| 0 | None                      |
| 1 | One impairment            |
| 2 | Two impairments           |
| 3 | Three or more impairments |

**Fifth Space - Is client at nutritional risk?**

Note: Entry required only for clients receiving Preparation and Delivery of Meals

- |   |                           |
|---|---------------------------|
| 1 | No nutritional risk       |
| 2 | Moderate nutritional risk |
| 3 | High nutritional risk     |

## **FIELD 14: SPECIAL USE**

**First Space** - Enter **A** in the first space of the Special Use field to identify that the data to follow applies to the Home and Community Care Block Grant (HCCBG) administered by the Division of Aging.

For each service to be provided under the Home and Community Care Block Grant, complete the next five spaces of this field to answer the following questions. All five spaces must be completed or the client will not be registered and payment from the Division of Aging will not be made except as noted for the Sixth Space, which is required only for clients receiving Preparation and Delivery of Meals. The Division of Aging policy regarding the definitions and use of these codes is to be followed. This can be found in the Home and Community Care Block Grant Procedures Manual for Community Service Providers, Sections 3 and 4.

### **Second Space - What is the functional status of the individual?**

Note: DSS-5027 entry will be rejected if the functional status is coded “1 Well” and the client is being registered for In-Home Aide Services, Adult Day Care or Adult Day Health unless the client is the caregiver as indicated in the Fourth Space, below.

- |   |           |
|---|-----------|
| 1 | Well      |
| 2 | At Risk   |
| 3 | High Risk |

## **FIELD 14: SPECIAL USE**

### **Third Space - Is the service being provided to relieve the caregiver?**

(When the answer is Yes and the service being provided is In Home Aide Services, the system will automatically convert to the DOA Respite code for the same level of In Home Aide Services).

- 1 Yes
- 2 No

### **Fourth Space - Is the client the caregiver?**

- 1 Yes
- 2 No

### **Fifth Space - Is the client economically needy?**

- 1 Yes
- 2 No

### **Sixth Space - Are Nutrition Services (as defined by the Division of Aging) being provided under the Division of Aging definition of Special Eligibility Criteria?**

Note: Entry required only for clients receiving Preparation and Delivery of Meals. DSS-5027 entry will be rejected if incorrect age entry is made here for clients being registered for Preparation and Delivery of Meals.

- 1 Yes (Client is age 59 or under)
- 2 No (Client is age 60 or older)



## DATE \_\_\_\_\_

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NO. IN INCOME UNIT	DECLARATION METHOD	<input type="checkbox"/>
<input type="text"/>	VERIFICATION METHOD	<input type="checkbox"/>


COMMENTS:
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## DSS5027 (Rev. 6/93)

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4 5 10

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES

## WORKER DAILY REPORT OF SERVICES TO CLIENTS

2. MONTH YEAR 		3. Worker SSN 		4. COUNTY PROVIDER 		5. WORKER NAME LAST, FI, MI 	
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6. CLIENT NAME	L	DAY (34-35)	SERVICE (36-38)	10. CLIENT I.D. (30-49)	11. MINUTES (63-66)	12. PGM (67-68)	13 COUNT-U SE (69-74)	14. COMMENTS
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	1							
	11							
	1							
	1							
	1							
	1							
	1							
	16							
	1							
	1							

- a) The Services Information System has been designed to accept only those program code/service code combinations, which are allowable under services program guidelines. Please refer to Appendix B for identification of the possible program code/service code combinations.
- b) Family Planning: For Daily Reports purposes Family Planning is to be considered a Program using Code F. In addition, Code 080 should be entered in Item 9 (Service).
- c) Home and Community Care Block Grant: Counties reporting HCCBG data under Option A will use Program Code H for all In-Home Services to be claimed under the HCCBG. Counties reporting under Option B will use Program Code U to report services to be reimbursed under the allocation of funds which were previously administered by the DSS, and Program Code H for the allocation of other HCCBG funds.

041     Level I Home Management  
042     Level II Personal Care  
043     Level II Home Management  
044     Level III Home Management  
045     Level III Personal Care  
046     Level IV Home Management  
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### Special Instructions for Completing the DSS-4263

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When providing In-Home Service to adults:

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- 3)        If the service is In-Home Aide Services to be charged to the Home and Community Care Block Grant, classify the adult under the HCCBG Options (Program Codes H or U).

**H. In-Home Aide Services - HCCBG Option A Reporting**

Funds to be claimed from the Division of Aging Home and Community Care Block Grant (Reporting Option A) for In-Home Aide services provided by county departments of social services staff.

**U. In-Home Aide Services - HCCBG Option B Reporting**

Funds to be claimed from the Division of Aging Home and Community Care Block Grant (Reporting Option B) for In-Home Aide services provided by county departments of social services staff.

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4 5 10

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
WORKER DAILY REPORT OF SERVICES TO CLIENTS

2. MONTH YEAR										3. Worker SSN										4. COUNTY PROVIDER										5. WORKER NAME LAST, FI, MI																			
11 12 13 14 15 16 17 18										19 20 21 22										23 24 25 26 27 28 29 30 31																													

6. CLIENT NAME	L	DAY (34-)	SERVICE (36-38)	10. CLIENT I.D. (30-49)	11. MINUTES (63-56)	12. PGM (67-56)	13 COUNT-U SE (62,54)	14. COMMENTS
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	1							
	11							
	1							
	1							
	1							
	1							
	16							
	1							
	1							

## **Data provided monthly to ARMS from SIS**

- Two files are created from SIS and the Daysheet system on the night of the 10th, or the prior night if the 10th falls on a holiday or weekend
  - » The first file contains basic information about all active recipients identified as eligible for services funded by the HCCBG
  - » The second file contains a list of all recipients of In-Home Aide services funded with HCCBG during the prior month, for whom the service was provided to relieve the caregiver

## **Information provided in the data files includes:**

### File 1

SIS Client ID

Last Name, First Name, and MI  
County

Service Application Date

Social Security Number

Date of Birth, Sex, and Race/Ethnicity

“Special Use” data (Field 14 of DSS-5027)

“Other” data (Field 7 of DSS-5027)

Date client information was last updated

Living Arrangement



## **Information provided in the data files includes:**

### File 2

SIS Client ID

Fiscal Year

Region

Provider (same as County Number)

Service Code

County Number

SRW (same as County Number)

Service Date

Last Name

Social Security Number

Minutes

## **Information provided in the data files includes:**

### File 2

Service Code to Respite Code conversion:

041-Level I Home Management to 235

042-Level II Personal Care

and

043-Level II Home Management to 236

044-Level III Home Management

and

045-Level III Personal Care to 237

046-Level IV Home Management to 238

# SIS User's Manual OnLine

URL to the SIS User's Manual

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

Links to PDF replicas of forms

[DSS-5027](#)

[DSS-4263](#)